

BILIARY CALCULUS WEIGHING TWO AND ONE HALF OUNCES REMOVED FROM THE COMMON DUCT.

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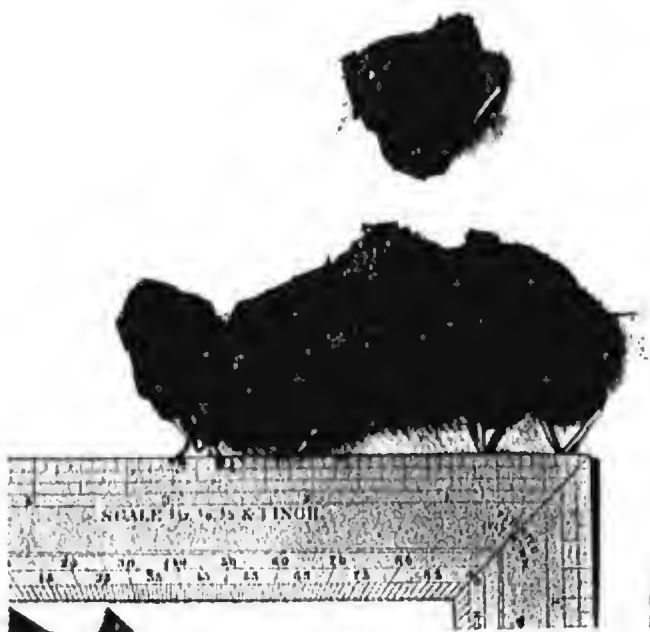
THE object of the present communication is to place on record the successful removal of a common-duct stone larger than any which the author has been able to find hitherto recorded.

The possessor of this remarkable stone was a man forty-five years of age, born in Ireland, the proprietor of coal mines.

He had suffered from indigestion for twenty years, during which time colicky attacks in the right upper abdomen had been frequent. Sometimes the interval between was as long as six months, sometimes not longer than one week. There had usually been a chill and high fever accompanying the attack, and after this had subsided he had generally become jaundiced and later been troubled by intense itching. Usually he was so ill he had to go to bed and have morphine for the pain. Vomiting, which was common, had very little effect as far as relief of the suffering was concerned.

The region of the gall-bladder is distinctly sensitive. The skin and scleræ are tinged a deep yellow. The pulse is slow and there are marks of the finger-nails to be seen all over the body. Dr. Hugo Summa, who referred the patient to me, was able with bimanual examination to palpate a hard mass in the right abdomen at about the usual site of the common duct. (This mass proved to be the stone: it must be very rarely possible to palpate a common duct stone *in situ*.)

Operation January 2, 1906. The gall-bladder was considerably distended, contrary to the law of Courvoisier, and contained thousands of tiny stones together with much sand and stinking bile. The common duct was of such size and thickness that we at first mistook it for some other organ or new growth. When,



Calculus removed from ductus choleloechus communis.

however, it was incised an immense stone was found and broken during removal. The hand of the operator could be introduced into the cavity which was left. One peculiarity about this duct was that it had not dilated symmetrically but to the right side of its axis. The immense opening was sutured up to a large rubber tube which was left for bile drainage. Strips of gauze were tied to the stitches and a rubber tube was inserted through the back.

The patient's convalescence was rather protracted on account of suppuration in the abdominal wound, but he made an ultimate excellent recovery and was walking about the hospital one month after the operation. I saw him five months after when in splendid health and weighing more than he ever had in his life before. About a year later I learned that he had died but could not determine any further particulars.

This unusually large calculus weighed two and one-half ounces when removed. It is four inches in length by one inch and a half in breadth. The chemical examination of it made by Dr. Rush shows its organic constituents to be as follows:

Cholesterine, making up a large proportion of the substance; bilirubin, also in large amount; urobilin, trace; sodium, potassium, calcium, magnesium, copper and iron (manganese indicated in preliminary but not confirmed); carbonic, sulphuric, hydrochloric, nitric, phosphoric and silicic acids.